



Department of Municipal Licenses and Inspections

Mary E. McGrath, R.S., Director
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Joseph C. Sullivan
Mayor

APPLICATION FOR CERTIFICATE OF OCCUPANCY BUILDING DIVISION TOWN OF BRAINTREE

Date: _____

Fee Required: \$ _____

Commercial: \$50.00/Tenant
Residential: \$40/Unit

I hereby apply for a Certificate of Occupancy for the premises located at the following address:

Street and Number: _____

Name of Business (If applicable): _____

Purpose for which premises is to be used: _____

Property Owner's Name: _____

Property Owner's Address: _____

Certificate to be issued to: _____

Telephone: _____

Signature of person to whom certificate is to be issued

Date

Permit Number (If applicable) _____

All checks must be made payable to: Town of Braintree